



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5063

<b>SERIAL NUMBER</b> 10/743,557	<b>FILING OR 371(c) DATE</b> 12/22/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1609	<b>ATTORNEY DOCKET NO.</b> 1767.2011-000	
<b>APPLICANTS</b> Khalid K. Sadozai, Shrewsbury, MA; Tamera B. Gooding, Jamaica Plain, MA; <i>OB</i> Kyle Bui, North Andover, MA; Charles H. Sherwood, Sudbury, MA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <i>OB</i> <b>** 04/01/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 48	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 21005					
<b>TITLE</b> Crosslinked hyaluronic acid compositions for tissue augmentation					
<b>FILING FEE RECEIVED</b> 1748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		